



SUDS Transcript Request Form

The Family Rights and Privacy Act of 1974 requires the student's signature to release student records. To request a transcript, please complete this form. Transcript requests will be processed within three business days from the time we receive the request, unless you are contacted for additional information or status updates.

Student Information:

Name (Last, First, Middle Initial)				Birth Date (mm/dd/yyyy)	
Name while enrolled/previous name(s)				Phone Number, including are	ea code
Current Street Address				City, State, Zip	Country
Update Address in our records			Email Address		
to Current Street Address Listed Above?					
	Yes	No			

Transcript Recipient Information: Please complete a separate request for each recipient.

Recipient Name	Recipient Street Address	Recipient City, State, Zip Code	
Attention To/Special Instructions		Number of Copies to this Recipient	
Approximate date(s) attended			
Start Date:		End Date:	

By signing this request, I authorize the UW Extended Campus Registrar's Office to release my transcript to the recipient listed above. (*Electronic signatures are not accepted*)

Signature	Today's Date

Form Submission Options:

- Mail your signed Transcript Request Form to:
 - University of Wisconsin Extended Campus Office of the Registrar 780 Regent Street, Suite 130 Madison, WI 53715
- Fax your signed Transcript Request Form to our secured fax line: (608) 262-4096
- Email a scan of your signed Transcript Request Form to: registrar@uwex.wisconsin.edu